IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

Audited	
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Citecked	
Computer	

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS- Cherokee Mental Health Institute		
Name of Department or Office 1251 West Cedar Loop	Cherokee, Iowa 51012	
Malling Address 7122252594	City, State, Zip Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR	OFFICE:	
Katelyn Matheny		
Name		
Mailing Address (if different from above) kmalhen@dhs.state.ia.us	Cily, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
Anonymous Name		
Mailing Address City, State, Zip Code	August 31, 2018 \$120.00 Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:	A Addition	
Six large bags of used womens clothing.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department	of the state or received by the Governor on behalf of the state.	
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affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and the fair market value (if applicable) is correct and true to the best of my knowledge.

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